

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HA	70891	8/23/99
O.I.P.E. CLASSIFIER	SB	12	9/2-8-99
FORMALITY REVIEW	SB	#07033	

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Date
1	Original
2	1/01
3	7/01
4	8/02
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6	11/02
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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